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SONY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2016 OCT -4 AM 9:51

MR. Christopher C. CLARK

Write the full name of each plaintiff.

16CV 7744

(To be filled out by Clerk's Office)

-against-

N.Y.C.P.D. (Full Capacity)

Commissioner Bill Bratton

Manhattan District Attorney's

Office / Supreme Court New York (Full capacity)

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Christopher</u>	<u>C.</u>	<u>CLARK</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

(Book+case) 31045-01061 (N.Y.S.I.D.) [REDACTED]
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

A.M.K.C.
Current Place of Detention

18-18 HAZEN STREET
Institutional Address
QUEENS/EAST ELMHURST N.Y. 11370
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>CRAIG</u>	<u>SIKORSKI</u>	<u>TAX# 9499B</u>
First Name	Last Name	Shield #
<u>P. OFFicer</u>		
Current Job Title (or other identifying information)		
<u>6th PRECINT/233 West 10th STREET</u>		
Current Work Address		
<u>New York</u>	<u>N.Y.</u>	
County, City	State	Zip Code

Defendant 2:

<u>MICHAEL</u>	<u>ALFIERI</u>	<u>TAX# 942938</u>
First Name	Last Name	Shield #
<u>Sgt.</u>		
Current Job Title (or other identifying information)		
<u>6th PRECINT/233 West 10th STREET</u>		
Current Work Address		
<u>New York</u>	<u>N.Y.</u>	
County, City	State	Zip Code

Defendant 3:

<u>GERMAINE</u>	<u>CORPREW</u>	
First Name	Last Name	Shield #
<u>Asst. DISTRICT ATTORNEY</u>		
Current Job Title (or other identifying information)		
<u>100 CENTRE STREET</u>		
Current Work Address		
<u>New York</u>	<u>N.Y.</u>	
County, City	State	Zip Code

Defendant 4:

<u>STANLEY</u>	<u>DASH</u>	<u>DT3/TAX# 926737</u>
First Name	Last Name	Shield #
<u>Detective</u>		
Current Job Title (or other identifying information)		
<u>6th PRECINT/233 West 10th STREET</u>		
Current Work Address		
<u>New York</u>	<u>N.Y.</u>	
County, City	State	Zip Code

DEFENDANT #5 LT. TAVAREZ 6th PRECINT
TAX# 931303

V. STATEMENT OF CLAIM

Place(s) of occurrence: FRONT OF 350 WEST 14TH STREET NEW YORK, NY.

Date(s) of occurrence: 9/26/2014

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I WAS ILLEGALLY STOPPED FRISKED AND (AT 12:40 A.M. AND) CHARGED FOR POSSESSING A CAPON AND DRUGS. THOSE CHARGES (WERE) DISMISSED. I WAS RE-CHARGED AFTER BEING ILLEGALLY DETAINED FOR AN ROBBERY AND HATE CRIME. I AM STILL BEING DETAINED ILLEGALLY AND/ACCORDING TO MY CONSTITUTIONAL SPEEDY TRIAL RIGHTS, AND MALICIOUSLY PROSECUTED 2 YEARS LATER. I WAS ALSO HELD IN NON-HOUSING AREAS FOR 5 DAYS MISSING REGIMENTED LIFE SUSTAINING MEDICATION. AFTER BEING ARRAIGNED BY A JUDGE. #1 (FALSE ARREST #14684635) (#2) (RE ARREST #14684745)

(#1 CHARGES WERE DISMISSED) #14684635 I WAS RE-ARRESTED (NEVER RELEASED) AND HAVE 2 YEARS ON RIKER'S ISLAND ILLEGALLY DETAINED (CONSTITUTIONALLY) AND DENIED A SPEEDY TRIAL OR ANY TRIAL (AFTER X REGULARLY REQUESTING) UNDER N.Y. PROCEDURE LAW 30:30/1+2. MORE/MOST IMPORTANT THE AMENDMENTS/ AND CONSTITUTION.

I Lost My housing, internship, casting's (For Movies) Schooling etc; as direct result of This incident. (That cannot be Replaced) Oppourtunities that is.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

My Health Conditions WORSENED Due to STRESS AND Lack of Medication (Daily) Regemen.

I have Mental Anguish AND TREATMENT (Mental Health) AS A DIRECT RESULT OF This.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I AM Requesting \$2,000,000 AND PUNISHMENT Possibly Civilly individually. I would also Like/ AM Requesting PUNISHMENT be Made Public. (so can not be Repeated) IF Possible; AND People/Public ARE AWARE OF These individuals.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated

9/25/16

Plaintiff's Signature

First Name

Christopher

Middle Initial

C.

Last Name

CLARK

Prison Address

EAST ELMHURST

N.Y.

11370

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

9/26/16

18-18 HAZEN STREET
EAST ELMHORST 11370

USM
SDNY
P3

DANIEL PATRICK MOYNIHAN
The United States Courthouse
500 PEARL STREET (ROOM #200)
NEW YORK, N.Y. 10007-1312

[REDACTED]

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